

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>U T - 0 1 022</u>	2. STATE: UTAH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JULY 1, 2001
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1915 (g) OF THE ACT	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>175,000</u> b. FFY <u>2003</u> \$ <u>175,000</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A Supplement 1-G, pages 1,2 ATTACHMENT 3.1-B Supplement 1-G Pages 1,2 ATTACHEMTN 4.19-B , Page 22F	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New NEW
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10. SUBJECT OF AMENDMENT:
TARGETED CASE MANAGEMENT FOR MEDICAID HMO ENROLLEES AND POTENTIAL ENROLLEES

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: ROD L. BETIT, EXECUTIVE DIRECTOR DEPARTMENT OF HEALTH PO BOX 143102 SALT LAKE CITY, UT 84114-3102
13. TYPED NAME: ROD L. BETIT	
14. TITLE: EXECUTIVE DIRECTOR DEPARTMENT OF HEALTH	
15. DATE SUBMITTED: SEPTEMBER 28, 2001	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: October 2, 2001	18. DATE APPROVED: Dec. 6, 2001
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2001	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Spencer K. Ericson	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 28, 2001

42 CFR
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and
Potential Enrollees

A. Target Group:

Targeted case management services are available to Medicaid eligible HMO ("Plan") enrollees and potential enrollees who a qualified case manager has determined:

1. Require assistance to identify, obtain access to, and coordinate medical and other services consistent with their identified needs; and for whom
2. There is a reasonable indication that the enrollee or potential enrollee will obtain the required assistance only through a qualified targeted case manager.

B. Areas of the State in Which Services Will Be Provided:

Services will be limited to the following geographic areas of the state: the urban counties of Davis, Salt Lake, Utah, and Weber.

C. Comparability:

Services are not comparable in amount, duration, and scope. Authority of Sec. 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of Sec. 1902(a) (10) (B) of the Act.

D. Definition of Services:

1. This service is designed to assist eligible individuals in the target group ("clients") to identify and appropriately utilize the scope of medical and other services available to them.
2. Federal Financial Participation will be available at the FMAP percentage for costs incurred to perform the following activities/services with, and on behalf of, clients in the target group.
 - (a) assessing the eligible client's need for medical and other services including high risk assessments with all aged and disabled recipients;
 - (b) linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;
 - (c) coordinating the availability of and access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;
 - (d) periodic follow-up and assistance as the recipient's service needs change; and
 - (e) instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.

T.N. No. 01-022
Supersedes
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01

42 CFR
440.130

Targeted Case Management Services for Medicaid HMO Enrollees and
Potential Enrollees (cont.)

E. Qualified Providers:

Health Program Representatives (HPRs) employed by the State of Utah,
Division of Health Care Financing, Bureau of Managed Health Care.

F. Freedom of Choice:

The State assures that the provision of case management services will
not restrict an individual's free choice of providers in violation of
Sec. 1902(a)(23) of the Act, except as authorized under the State's
approved 1915(b) freedom of choice waiver.

1. Eligible recipients will have free choice of qualified providers
of case management services.
2. Eligible recipients will have free choice of the providers of
other medical care under the plan.

G. Non-Duplication of Payment:

Payment for case management services under the plan shall not duplicate
payments made to public agencies or private entities under other program
authorities for this same purpose. Case management services provided by
HPRs is solely for the purpose of augmenting, not supplanting or
duplicating, service coordination activities that may be available to
recipients through their Plan or other community providers. Services
will be available only to Medicaid eligibles. Direct and indirect
administrative activities related to the determination of Medicaid
eligibility are outside the scope of services offered under this plan.

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 - (a) assessing the eligible client's need for medical and other services including high risk assessments with all aged and disabled recipients;
 - (b) linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;
 - (c) coordinating the availability of and access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;
 - (d) periodic follow-up and assistance as the recipient's service needs change; and
 - (e) instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.

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Approval Date 12/06/01

Effective Date 07/01/01

1915 (g) Targeted Case Management Services for Medicaid HMO Enrollees and
of the Act Potential Enrollees.

Total reimbursement for targeted case management services for HMO enrollees is based on historical cost adjusted annually (effective July 1) based on Legislatively approved cost of living and merit increases.

T.N. No. 01-022
Supersedes
T.N. No. NEW

Approval Date 12/06/01

Effective Date 07/01/01